Patent
Attorney's Docket No. 003300-763

THE TRA	DEMARY	N T	HE UNITED STATES PA	TENT	AND TRADEMARK OFFICE	17/Ren	
In re P	atent A	Applic	ation of	)	•	1	
John KENDRUP et al.					Group Art Unit: 1615	PER COLOR	
Application No.: 09/819,813					Examiner: Amy E. Pulliam	SEP CEN	
Filed:	Marc	h 29,	2001	)	Confirmation No.: 1138	DER:	
For:	CON	TROI	FOR PRODUCING A LLED-RELEASE TION	) ) )		SEP 0 8 2003 ECH CENTER 1600/2900	
					JED EXAMINATION L LETTER	9-	
MAIL	STOE	RCE	E			•	
P.O. B	ox 14:	50	Patents 2313-1450		Customer No.	21839	
Sir:							
[X] \$3	* *	•	s) requests continued exami l) [ ] \$750.00 (1801) fee c		under 37 C.F.R. § 1.114 and end ler 37 C.F.R. § 1.17(e).	close the	
1. [ ]	<ul> <li>[ ] A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.</li> <li>[X] B. Applicant(s) previously submitted the following documents for which continued examination is requested:</li> <li>[X] Consider the amendment(s)/reply under 37 C.F.R. § 1.116, as well as the Declaration under 37 C.F.R. § 1.132 of John Kendrup and Curriculum Vitae of John Kendrup, previously filed on July 28, 2003.</li> <li>[ ] Consider the arguments in the Appeal Brief or Reply Brief previously filed on</li></ul>						
[X]							
		[]	Other:			·	
2.	The f	Ame Affici Infor Petiti	ing documents are enclosed andment/Reply. lavit(s)/Declaration(s). mation Disclosure Statements for Extension of Time.	nt (IDS	).		

3. [X] Small entity status is hereby claimed.

[A] No additional claim fee is required.

[] No additional claim fee is required.

[X] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

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375.00 EP

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Request for Continued Examination Transmittal Letter
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CLAIMS						
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	Fee	
Basic Fee	\$750.00 (1001)					
Total Claims	23	MINUS 24 =	0	× \$18.00 (1202) =	0	
Independent Claims	3	MINUS 3 =	0	× \$84.00 (1201) =	0.00	
If multiple dependent claims are presented, add \$280.00 (1203)						
Total Fee					750.00	
If small entity status is claimed, subtract 50% of Total Fee					375.00	
TOTAL FEE DUE					\$375.00	

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- 5. [ ] Charge \$ \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- 6. [ ] Applicant(s) requests suspension of action by the Office until at least \_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: September 4, 2003

Deborah H. Yellin

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